Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |                                  |        |                    |                                       |
|--|----------------------------------|--------|--------------------|---------------------------------------|
| FY 2009  |                                  |        |                    | Docket Number (Optional)<br>P-8715-US |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))   |                                  |        |                    |                                       |
| In re Application of: GUERIN, Samuel et al.  |                                  |        |                    |                                       |
| Application Number: 10/575,240 Exam  |                                  | ner:   | Gambetta, Kelly M. |                                       |
| Filed:   | January 30, 2007                 | Group  | Art Unit:          | 1715                                  |
| For: VAPOUR DEPOSITION METHOD  |                                  |        |                    |                                       |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.  |                                  |        |                    |                                       |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |                                  |        |                    |                                       |
| Fee  |                                  |        | Small Entity Fee   |                                       |
|  | One month (37 CFR 1.17(a)(1))    | \$130  | \$65               | \$                                    |
|  | Two months (37 CFR 1.17(a)(2))   | \$490  | \$245              | \$                                    |
|  | Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555              | \$ 555.00                             |
|  | Four months (37 CFR 1.17(a)(4))  | \$1730 | \$865              | \$                                    |
|  | Five months (37 CFR 1.17 (a)(5)) | \$2350 | \$1175             | \$                                    |
| Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director has already been authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3355. I have enclosed a duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information as should not be included on this form. Provide credit card information and authorization on PTO-2038.  I am the |                                  |        |                    |                                       |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required.<br>Submit multiple forms if more than one signature is required, see below.  |                                  |        |                    |                                       |
| ☐ Total of 1 forms are submitted.  |                                  |        |                    |                                       |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by Institute control or immunities in required by 3 L M F1, 13-log, in the immunitaries required to contain or friend a control by the public which is to the (and of the USPTO by process) an application. Confidentially is governed by 35 U.S.C. 122 and 3 C/RF1.11 and 114. This content in elementary to take or immunities to complete in failuring gainering, preparing, and shahmisting the completed application from to the USPTO. Time will vary depending upon the immunities of the amount of time by our equire to complete in failure for marker or aggregations for reciscing this burson, should be sent to the Chief information Chief. U.S. Patient and Transferance (Chief, U.S. Paparineri of Commence, P.O. Schot Alpha, Alexandriu, V.A.22313-1469, D.N.OTS.
SEND FEES OR COMM-LETED FORMS TO THE ADDRESS, SEND TO. Commissioner for Patients, P.O., Dox 1499, Alexandriu, V.A.22313-1449.